

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on June 4, 2003.

## **I. DISPUTE**

Whether there should be additional reimbursement and reimbursement for CPT codes 63047, 22625-51, 22899, 63048, 63047-80, 22625-80-51, 22899-80, 63048-80, and 63048-80 for date of service 06/19/02.

## **II. RATIONALE**

- CPT Code 63047, explanation code is “F – Fee guideline MAR reduction”. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(D)(1)(a) 100% of the MAR for the primary procedure is paid. Per the operative report this CPT code is the primary procedure code and supports delivery of service. Reimbursement in the amount of \$1,770.00 is recommended (\$3,450.00 - \$1,770.00 (previous payment)).
- CPT Code 22625-51, explanation code is “N – Not documented”. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(E)(a) & (I)(D)(b)(i) and 1996 Medical Fee Guideline, General Instructions (III)(A) the operative report support services rendered as billed. Reimbursement in the amount of \$1,264.50 is recommended (\$2,529.00 ÷ 2).
- CPT Code 22899, explanation code is “M – No MAR, Reimbursement for cages”. CPT code 22899 is defined in the 1996 Medical Fee Guideline, Surgery Ground Rules as an unlisted procedure, spine; per §413.011(d) the requestor provided three (3) redacted EOBs to support the services billed were fair and reasonable. Operative report supports this code meets DOP criteria. Additional reimbursement in the amount of \$1,550.00 is recommended (\$4,500.00 x 70% = \$3,150.00 - \$1,600.00(previous payment)).
- CPT Code 63048\* x 2 denied as “A – Preauthorization not obtained. Only one level was requested and approved. Per 134.600(b)(D) requestor has submitted the letter of notification of the status of the spinal surgery second opinion process preauthorizing spinal surgery and is valid for one year from the date the letter was issued; however, review of the TWCC database, specifically the information obtained from the TWCC-63, reveals that additional levels were not approved. Reimbursement is not recommended.

- CPT Code 63047-80, explanation code is “Fee guideline MAR reduction”. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(D)(1)(a) and modifier –80 description indicates that 70% of the assistant surgeons time must be documented, the operative report does not support services rendered as billed. Reimbursement is not recommended.
- CPT Code 22625-80-51, explanation code is “N – Not documented”. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(E)(a) & (I)(D)(b)(i), the 1996 Medical Fee Guideline, General Instructions (III)(A), and modifier –80 description indicates that 70% of the assistant surgeons time must be documented, the operative report does not support services rendered as billed. Reimbursement is not recommended.
- CPT Code 22899-80, explanation code is “M – No MAR, Reimbursement for cages”. Per §413.011(d) the submitted redacted EOBs do not support fair and reasonable using the –80 modifier. Modifier –80 description indicates that 70% of the assistant surgeons time must be documented, the operative report does not support services rendered as billed. Additional reimbursement is not recommended.
- CPT Code 63048-80 x 2, denied as “A – Preauthorization not obtained. Only one level was requested and approved. Per 134.600(b)(D) requestor has submitted the letter of notification of the status of the spinal surgery second opinion process preauthorizing spinal surgery and is valid for one year from the date the letter was issued; however, review of the TWCC database, specifically the information obtained from the TWCC-63, reveals that additional levels were not approved. Reimbursement is not recommended.

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 63047, 22625-51, and 22899 in the amount of \$4,584.50. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$4,584.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 05th day of March 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/mf